

Receipts and Disbursements Report

U.S. Department of Labor



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1986)

Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB
No. 1214-0001
Expires: 12/31/86

A—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)

LRI Consulting Services Inc.
7850 So Elm Place
Broken Arrow OK 74011

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY
TO VERIFY THIS REPORT ARE KEPT:3. FILE NO.
C-

525

4. PERIOD
COVERED
BY THIS
REPORT

From: To:

Month	Day	Year
1	1	01
12	31	01

B.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

Matsushita Home Appliance Company
1355 Lebanon Road
PO Box 7
Danville KY 40423-0007

6. TERMINATION DATE

5/22/01

7. AMOUNT

\$ 10,837.96

TOTAL

\$ 10,837.96

C.—STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses \$

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements

(Sum of items 8-13)

\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
Matsushita	Charles Smith WRD Inc. 207 Gaylane Dr Columbus MS 39702	\$ 5922.96	Employed to give speeches to employees to persuade them to not join a union
Matsushita	Scott Consulting 1032 Meda St. Memphis TN 38104	1,164.24	" "
			" "
TOTAL		\$ 7,087.20	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.—VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED:

PRESIDENT

at Broken Arrow OK on 2/23/02
City State Date

(If other title,
cross out and
write in correct
title above.)

SIGNED:

TREASURER

at Broken Arrow OK on 2/23/02
City State Date

(If other title,
cross out and
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5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

6. TERMINATION DATE 7. AMOUNT

Owens Corning
700 Washington Street E
Charleston WV 25301

8/9/01 \$ 3900.00

Robert Orr - Sysco Foods Services Co.
PO Box 305137
Nashville TN 37230

8/30/01 \$ 216.25

TOTAL \$ 9,116.25

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8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements	
(Sum of Items 8-13)	\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
Owens Corning	Clarence Goddard 3750 So 32nd West Avenue Tulsa OK 74107	\$ 1,950.00	Employed to give speeches to employees to persuade them to not join a union
Robert Orr	Charles Smith WRD Inc. 207 Gaylane Dr. Columbus MS 39702	2,162.50	" "
			" "
TOTAL		\$ 4,112.50	

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SIGNED:

PRESIDENT

SIGNED:

TREASURER

at: Broken Arrow OK on: 2/23/02
City State Date

(If other title, cross out and write in correct title above.)

at: Broken Arrow OK on: 2/23/02
City State Date

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B.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

Indian Hill Club
One Indian Hill Road
Winnetka IL 60093-3999

6. TERMINATION DATE

11/5/01

7. AMOUNT

\$ 2670.00

TOTAL

\$ 2670.00

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10. Publicity

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12. Loans Made

13. Other Disbursements

14. Total Disbursements

(Sum of Items 8-13)

\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
Indian Hill Club	Brad White Interlate Systems 1454 So Lincolnway North Aurora IL 60042	\$ 1,558.35	Employed to give speeches to employers to persuade them to not join a union
TOTAL		\$ 1,558.35	

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SIGNED: _____ PRESIDENT

at: Broken Arrow OK on: 3/23/02
City State Date
(If other title, cross out and write in correct title above.)

SIGNED: _____ TREASURER

at: Broken Arrow OK on: 3/23/02
City State Date
(If other title, cross out and write in correct title above.)

